

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6521

6521 63-048310
STATE FILE NUMBER

FILED DEC 19 1963

1. PLACE OF DEATH

a. COUNTY

JACKSON

b. CITY (If outside corporate limits, give TOWNSHIP only)

KANSAS CITY

Length of stay in 1b

3 MONTHS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

5212 E. 54TH STREET

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

MISSOURI

b. COUNTY

JACKSON

Inside Limits

Yes ☒ No ☐

c. CITY

KANSAS CITY

d. STREET

(If outside, give location)

5212 E. 54TH STREET

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

THOMAS

Middle

KIMBROUGH

Last

WARREN

4. DATE OF DEATH

Month

DEC.

Day

Year

1963

5. SEX

MALE

6. COLOR OR RACE

WHITE

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

9-9-1893

9. AGE (last birthday)

70

IF UNDER 1 YEAR IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
RETIRED

10b. KIND OF BUSINESS OR INDUSTRY
EMPLOYED - CEDAR GROVE GROCERY

11. BIRTHPLACE (City and state or country)
PORTLAND ARKANSAS

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

IRA P. WARREN

13b. MOTHER'S MAIDEN NAME

TEMPY GRIFFIN

14. NAME OF HUSBAND OR WIFE

MINNIE WARREN

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

[REDACTED]

17. INFORMANT

MRS. MINNIE WARREN, K.C., MO.

18. CAUSE OF DEATH (Enter only one cause per line)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cardiac & Respiratory Failure
Arteriosclerosis
Hypertension

DUE TO (b)

DUE TO (c)

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY
Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-1-63 and last saw him alive on 12-1-63. Death occurred at 4:40 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

[Signature] (Degree or title)

22b. ADDRESS

4949 League Parkway

22c. DATE SIGNED

12-2-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

DEC 3-1963

23c. NAME OF CEMETERY OR CREMATORY

JOHNSON CO. MEMORIAL GARDENS

23d. LOCATION (City, town, or county)

OVERLAND PARK, KAN.

24. FUNERAL DIRECTOR

D.W. NEWCOMERS SONS, K.C., MO.

25. DATE RECD. BY LOCAL REG.

12-2-63

26. REGISTRAR'S SIGNATURE

Beasie Smith

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

I. Antry

018246-1-3812

RECEIVED

W. B. & L. Contry
4449 George Parkway - Decatur
1:30-7:00

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4914

P. O. Address Indy, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.